

Important Advances in Clinical Medicine

Epitomes of Progress—Obstetrics and Gynecology

The Scientific Board of the California Medical Association presents the following inventory of items of progress in Obstetrics and Gynecology. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established, both as to scientific fact and important clinical significance. The items are presented in simple epitome and an authoritative reference, both to the item itself and to the subject as a whole, is generally given for those who may be unfamiliar with a particular item. The purpose is to assist the busy practitioner, student, research worker or scholar to stay abreast of these items of progress in Obstetrics and Gynecology which have recently achieved a substantial degree of authoritative acceptance, whether in his own field of special interest or another.

The items of progress listed below were selected by the Advisory Panel to the Section on Obstetrics and Gynecology of the California Medical Association and the summaries were prepared under its direction.

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Current Concepts in Sterilization for Women

HUMAN STERILIZATION is the final step an individual can take to effectively prevent procreation. As it plays such a major role in fertility termination, sterilization must be an integral part of any family planning program. Over the last decade, voluntary sterilization has emerged from the mire of public unawareness and medically restrictive guidelines to become a widely used method of birth control throughout the world. Moreover, a number of new methods have been developed for simplifying surgical sterilization for women.

Classical methods of tubal ligation or standard gynecologic operations offer reliability, but little innovation. With the development of remote ("cold") fiberoptic light sources, separate pneumoperitoneum instruments and more sophisticated accessory equipment, transabdominal peritoneoscopy (laparoscopy) has provided a panoramic, laparotomy-like view of the pelvis. In the last two

to three years, the impact of laparoscopy on gynecology has been tremendous. The most profound and prolific effect has been in the area of tubal sterilization, where laparoscopy has added rapidity, simplicity and, in many centers, an outpatient approach. The pregnancy rate (0.1 percent), following properly performed laparoscopic fulguration and tubal transection, is as good or better than that seen following classical tubal ligation. The overall complication rate varies from less than 1 percent to about 6 percent, although major complications are reported at a rate of approximately six per 1,000 (0.6 percent). Possibly the development of laparoscopic tubal clips or bands will eliminate some of the problems associated with electrocoagulation.

The ultimate goal is to reduce female sterilization to an office or clinic procedure not involving violation of the abdominal cavity, thus placing it in a position equal to vasectomy. A successful transuterine tubal sterilization method could be the answer, but hysteroscopic fulguration of the tubes